



EMAIL ADDRESS _____ DAY TELEPHONE NUMBER _____

- Total Fees Due \$** _____

If paying by check or money order, make payable to the Department of Fish and Game (DFG).

I authorize the Department of Fish and Game to charge my license(s) to: ☐ Visa ☐ Mastercard

CARD# | | | | | | | | | | EXPIRATION DATE | | / | | TOTAL\$

I agree to pay the total amount according to the card issuer agreement.

SIGNATURE _____ PRINT NAME _____
AS IT APPEARS ON YOUR CREDIT CARD

MAIL ALL COPIES OF YOUR APPLICATION WITH THIS WORKSHEET TO: Department of Fish and Game
License and Revenue Branch
1740 N. Market Blvd.
Sacramento, CA 95834